# LTPAC HIT Collaborative Meeting Summary

February 3, 2012

Attended By:   
Michelle, Shelly, Annessa, John, Larry, Sue, Siobhan, Todd, Rich, Barbara, Anna

### Meeting Notes:

1. Updates
   * Good Reads:
     + Leading Age/CAST Case Study Report (Also working on the Aging Services Technology Study – should be out by June); Majd did a book on Eldercare Technologies
     + AHRQ Consumer Technology Book (also a potential speaker for the summit)
   * HIT Policy Committee:  2012 Policy Committee work plan includes discussion LTPAC settings
     + Next Steps for the Collaborative? Larry updated the group and recognized the support of key people in helping get this step and an awareness that the policy committee needs to address ineligible providers. Discussions on how many providers should be discussed (e.g. behavioral health, nurses, etc.). Still determining whether the charge is broad or narrow.
     + Majd is meeting with Eva Powell (works with Christine Bechtel) of the HIT Policy committee to understand adoption rates.
   * HIT Standards Committee
     + The standards committee will start to pick up work as needed to address ineligible providers. John talked about coordinating with Larry to provide an overview of LTPAC.
   * Eligible Professionals Clinical Quality Measures TEP
     + Shelly is on CMS’s TEP on clinical quality measures. They are including LTPAC.
   * S&I Framework

* Update From Jennie: CMS hosted a 2 day TEP meeting that considered: (i) how to advance the use and interoperable of a exchange of CARE.   CMS envisions CARE as a “data library” (rather an instrument) from which data elements could be drawn for different purposes and that CARE will be updated to “to include data elements from new assessment releases.” CMS awarded a contract to Lantana to apply HIT standards to the following data elements for the following purposes: functional and cognitive status data elements to support transitions in care across care settings, and pressure ulcer data elements to support quality measurement across care settings.  Lantana is (i) leveraging ASPE-sponsored work applying standards to MDS and OASIS, and  (ii) coordinating with the ONC-sponsored Standards and Interoperability Longitudinal Coordination Care Workgroup (S&I LCC WG) and intends to participate in the Patient Assessment Subworkgroup.
* Update from Jennie: HL7 approved a scope of work (submitted by Lantana to identify standards for functional and cognitive status and to support transitions in care.  S&I and HL7 are coordinating.
* Follow Up From Last Week’s Discussion on Increasing Engagement in S&I:
  + What can the collaborative do to promote participation.
    - Draft short paragraphs which describe the activities of S&I LCC is pursuing, include a link  to the website and provide to the collaborative members to distribute
      1. Some activities have been done with a number of organizations
      2. Background and characteristics that are helpful to be engaged in the meetings
    - Evaluate an orientation process, help create an entrance point –
      1. Sign up process – they should receive introductory materials to bring them up to speed so when they join they don’t feel disconnected;
      2. Help people understand the commitments that they make; the language is over people’s heads
      3. We need to understand that generally individuals from provider organizations aren’t qualified to play (and understand the materials, discussion, etc.)
      4. As people are interested – Sue, Jennie and Bill can help identify the best workgroup to participate in based on interest
      5. Orientation program that includes S&I perspectives
      6. Bullets on why S&I wants help of the vendors and what help they would like provided
    - Target select people/groups to participate
      1. Consortium of CIOs
      2. Golden Living
      3. Continue NASL efforts for outreach to vendors
      4. Identify someone from the major associations to commit to support and be a liaison to the workgroups
         1. eHIT Pharmacy Collaborative asked their member associations to identify 2-3 volunteers (those with HIT interest) and then recognized their efforts; the eHIT Pharmacy Collaborative provided orientation/education volunteers and help build the tools

ACTION: Follow up – provide information on the current groups, id who is on and then make assignments next week.

Follow Up: NASL sent out an announcement to their members. Bill is going to provide a “how to” orientation on the S&I website.

* + ONC
  + Certification
  + Immunizations:
    - Shelly asked for input on how immunization information should flow. If anyone has an interest please let Shelly know. Currently there is discussion on the pharmacy providing the information for LTC.

1. Update - Draft Roadmap Sections – Public Input

* E-mail didn’t go out on 2/1 – still working on response process
  + Workforce Acceleration (Sue)
  + Patient Activation and Engagement (Bill)
  + Quality & Process Improvement (John)
  + Financial Performance (Larry)
  + Care Coordination (Greg) (We’ll need to determine ways to cull down the content (22 pages in a Word Document)
* John talked to Randy at DSSI to get input from the

1. Interoperability Showcase Planning (Majd)
   * Added the emphasis on innovative approaches, innovative business models and impacts of HIE
   * Added certification status, not just intention to certify
   * Added the Functional Assessment Questionnaire standard and the NCPDP version
   * The interoperability Panel Presentations last year was overcrowded. Recommend limiting  participation in the panel to truly few (3-4 max.) innovative/impactful demonstrations.

Notes: Majd reviewed the changes. Next steps to update the ‘blurb’ used to describe the showcase and get participants. We are changing our approach with who is on the panel because we had too many participants for the track session - suggesting only some will be offered a slot to speak. By establishing clear criteria for selection we can accomplish the goal. Larry provided input on HIMSS showcase – they have a higher level for a theater presentation which could be considered, but may not be the direction we want to go. Shelly had some potential contacts for the showcase.

Please provide comments on the application for the showcase by COB today to Majd.

1. 2012 Summit Planning
   * Discuss summit agenda structure and content
     + Look at feedback from 2011 (attached evaluation; see picture below from CIO Consortium)
     + With the focus on innovation and case studies, do we want to include more tracks and less general sessions?
       1. How should we integrate innovation sessions
     + How can we improve vendor and Interoperability Showcase options based on CIO feedback
     + Tracks – can we assign a track session to each roadmap area, theme,
   * Notes from past meetings:  Key Themes, Keynote, Partners
     + Themes we identified last week:

Focus on innovations, programs, results, clinical outcomes, building on success, IT enabled (community-based care, connected communities of care, collaborative care).  3 Overarching Focus:  1) how technology is enabling new forms of coordination/transitions of care; 2) how technology is supporting the business case/processes for new care delivery and payment models;  3) how are people leveraging technology to support new means of care delivery.

* + Content Planning Option – leverage roadmap teams to identify speakers
  + Wiki for Agenda and Speakers

From CIO Consortium after 2011 Summit:

